

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10645441</div>	FILING DATE
							APPLICANT(S)	
<div style="font-size: 1.2em;">8-7-06 CLAIMS</div>								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
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